CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Rodolfo	Carlos	
	NICKNAME LAST	SUFFIX	Date Received
	Carlos Gallinar		10/5/2020 4:20:06 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 1427 Hawthorne Street El Paso, Texas 79902	PITY; STATE; ZIP CODE	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 346-6586	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr. Michael	<u></u>	Date Processed
	NICKNAME LAST Apodaca	SUFFIX	Date Imaged
	·		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	3323 Sacramento El Paso, Texas 79930	JITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 252-4520	EXTENSION	
9 REPORT TYPE	January 15 📝 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07/01/2020	THROUGH 09/24	Day Year /2020
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Runoff Other	
	Month Day Year ☐ Primary 11/03/2020	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
		Mayor of El Paso	
	GO TO	PAGE 2	

City Clerk Dept. 0/5/2020 4:24:15 PM

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 Filer	ID (Ethics Commission Filers)
Mr. Rodolfo Carlos	s Gallinar				
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	DIDATE OFFICEHOLDER. THE INSENT. CANDIDATES AND OFF	BUTIONS ACCEPTED OR POLITICAL EXPENI SE EXPENDITURES MAY HAVE BEEN MADE I FICEHOLDERS ARE REQUIRED TO REPORT T	WITHOUT TH	IE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
	SFECIFIC				
		COMMITTEE CAMPAIGN T	REASURER NAME		
Additional Pages					
		COMMITTEE CAMPAIGN	TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICA ES, LOANS, OR GUARA IBUTIONS MADE ELECT		N	\$
		POLITICAL CONTRIB THAN PLEDGES, LOAN	UTIONS IS, OR GUARANTEES OF LOANS)		\$ 30086.78
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICA	L EXPENDITURE.		\$
	4. TOTAL	POLITICAL EXPENDI	TURES		\$ 24952.9
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTI ORTING PERIOD	ONS MAINTAINED AS OF THE LAS	ST DAY	\$ 58271.01
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	THE	\$ 0
18 AFFIDAVIT					
			I swear, or affirm, under penalty of true and correct and includes all in under Title 15, Election Code.		
			Carlos Gallinar		
			Signature of Ca	ndidate c	or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subscr	ribed before me	ov the said Carlos	Gallinar		, this the <u>5</u>
day of October			ess my hand and seal of office		
	N	Mary Katz			
Signature of officer a	dministering oath	Printed name of	f officer administering oath	Title	e of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	ILER NAME	20 Filer ID (Ethics Co	mmission Filers)
Mr. I	Rodolfo Carlos Gallinar		
_	CHEDULE SUBTOTALS IAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 22,815.78
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 7271.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ O
4.	SCHEDULE E: LOANS		\$ O
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 24,952.9
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ O
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ O
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ O
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ O
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ O
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ O
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	^{\$} 0

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Charles Espino	(ID#:)	7 Amount of contribution (\$)
07/01/2020	6 Contributor address; City; 4748 North Mesa St El Paso, TX 799	State; Zip Code	25
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	 ttions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
07/01/2020	Ricardo Cerros Contributor address; City; 260 South Clark Drive, Apt. B El Paso	State; Zip Code	20
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
07/01/2020	Laura Escobedo Contributor address; City;	State; Zip Code	25
Principal occu	6804 Cancun El Paso, TX 79912 Dation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
07/01/2020	Tara Riojas Contributor address; City; 777 Camino Real Santa Teresa, NM	State; Zip Code	100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	itions)
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDIN E AS A	IEEDED

2 FILER NAME Mr. Rodolfo Carlos 4 Date 5 Full Arma 07/01/2020 6 Cor 241 E 8 Principal occupation / S Date Full Irma 07/01/2020 Cor	name of contributor out-of-state ndo Rodriguez tributor address; City; Brianna Ct Canutillo, TX 7983 tob title (See Instructions) name of contributor out-of-state	PAC (ID#:) State; Zip Code 9 Employer (See Instruc	1 Total pages Schedule A1: 59 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 25
Mr. Rodolfo Carlos 4 Date	name of contributor out-of-state ndo Rodriguez tributor address; City; Brianna Ct Canutillo, TX 7983 tob title (See Instructions) name of contributor out-of-state	State; Zip Code 35 9 Employer (See Instruc	3 Filer ID (Ethics Commission Filers)7 Amount of contribution (\$)25
4 Date 5 Full Arma 07/01/2020 6 Cor 241 E 8 Principal occupation / Cor Date Full Irma 07/01/2020 Cor	name of contributor out-of-state ndo Rodriguez tributor address; City; Brianna Ct Canutillo, TX 7983 tob title (See Instructions) name of contributor out-of-state	State; Zip Code 35 9 Employer (See Instruc	25
07/01/2020 6 Cor 241 E 8 Principal occupation / S Date Full Irma 07/01/2020 Cor	ndo Rodriguez tributor address; City; Brianna Ct Canutillo, TX 7983 ob title (See Instructions)	State; Zip Code 35 9 Employer (See Instruc	25
07/01/2020 6 Cor 241 E 8 Principal occupation / Date Full Irma 07/01/2020 Cor	tributor address; City; Brianna Ct Canutillo, TX 7983 ob title (See Instructions)	9 Employer (See Instruc	
Date Full Irma 07/01/2020	Brianna Ct Canutillo, TX 7983	9 Employer (See Instruc	
Principal occupation / S Date Full Irma 07/01/2020 Cor	name of contributor out-of-state	9 Employer (See Instruc	ctions)
Date Full Irma 07/01/2020 Cor	name of contributor		ctions)
1rma 07/01/2020 Cor		PAC (ID#:)	1
07/01/2020 Cor	Honda		Amount of contribution (\$)
01/01/2020	iuiua		
	tributor address; City;	State; Zip Code	25
	Richmond El Paso, TX 7993	30	
Principal occupation / J	bb title (See Instructions)	Employer (See Instruc	ctions)
Date Full	name of contributor	PAC (ID#:)	Amount of contribution (\$)
Ivan	Ramirez		
07/01/2020 Con	tributor address; City;	State; Zip Code	100
	Hollowview Fairfax, VA 2203	32	
Principal occupation / J	bb title (See Instructions)	Employer (See Instruc	ctions)
Date Full	name of contributor	PAC (ID#:)	Amount of contribution (\$)
Chris	Chu De Leon		
07/01/2020 Cor	tributor address; City;	State; Zip Code	9.15
	Scribner Rd Houston, TX 77	074	
Principal occupation / J	ob title (See Instructions)	Employer (See Instruc	ctions)

MONE	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
07/01/2020	6 Contributor address; City; 500 W. Overland 310 El Paso, TX 799	State; Zip Code	2500
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
07/01/2020	Maria Del Rio Contributor address; City; 6422 Los Robles Drive El Paso, TX 79	State; Zip Code	20
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	cions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
07/02/2020	Andrew Geordiadis Contributor address; City; 4035 S School Ave Unit D-9 Sarsota,	State; Zip Code	10
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
07/03/2020	Daniel Garcia Contributor address; City; 12418 Painted Daisy San Antonio, TX	State; Zip Code	100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS N	EEDED

### Principal occupation / Job title (See Instructions) #### Principal occupation / Job title (See Instructions) #### Principal occupation / Job title (See Instructions) ###################################	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
Sally Spener 6 Contributor address; City; State; Zip Code 25 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Armando Alvarez Contributor address; City; State; Zip Code 3910 N Stanton El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Pull name of contributor out-of-state PAC (IDF:	_	Carlos Gallinar		
239 Rainbow Circle El Paso, TX 79912 8 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	4 Date	_ out or out or rive	C (ID#:)	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	07/03/2020		•	25
Armando Alvarez Contributor address; City; State; Zip Code 3910 N Stanton El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code 1140 E. Rio Grande Ave Apt. B11 El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
O7/04/2020 Contributor address; City; State; Zip Code 100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date	Date		C (ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	07/04/2020	Contributor address; City;	State; Zip Code	100
Hannah Hollandbyrd Contributor address; City; State; Zip Code 1140 E. Rio Grande Ave Apt. B11 El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Sharing Wittkopp Contributor address; City; State; Zip Code 20 Waterside Plaza, Apt 32B New York, NY 10010	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	etions)
O7/04/2020 Contributor address; City; State; Zip Code 10	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pate Full name of contributor out-of-state PAC (ID#:) Sharing Wittkopp Contributor address; City; State; Zip Code 20 Waterside Plaza, Apt 32B New York, NY 10010	07/04/2020	Contributor address; City;		10
Sharing Wittkopp Contributor address; City; State; Zip Code 20 Waterside Plaza, Apt 32B New York, NY 10010	Principal occu	•		ctions)
07/04/2020 Contributor address; City; State; Zip Code 20 Waterside Plaza, Apt 32B New York, NY 10010	Date	out or state TAX	C (ID#:)	Amount of contribution (\$)
	07/04/2020	Contributor address; City;	•	100
	Principal occu		· 1	ctions)

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC Armando Rodriguez	(ID#:)	7 Amount of contribution (\$)
07/06/2020	6 Contributor address; City; 241 Brianna Ct Canutillo, TX 79835	State; Zip Code	10
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
07/09/2020	Contributor address; City; 1500 Silver King Drive Aspen, CO 81	State; Zip Code	250
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
07/10/2020	Alexandra Gallinar Contributor address; City; 12013 Castle Keep Cir El Paso, TX 7	State; Zip Code	25
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC Yvonne Daniels	(ID#:)	Amount of contribution (\$)
07/12/2020	Contributor address; City; 1615 Arizona Ave El Paso, TX 79902	State; Zip Code	25
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	IEEDED

MONET	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Ellen Goodman 6 Contributor address; City;	(ID#:) State; Zip Code	7 Amount of contribution (\$)
07/12/2020	516 La Cantera El Paso, TX 79912	State, Zip Code	100
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
07/12/2020	Bonnie Mingo Contributor address; City; 6119 La Posta Drive El Paso, TX 799	State; Zip Code	9.15
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
07/14/2020	Tryone Harris Contributor address; City;	State; Zip Code	25
	14065 Tierra Delfin Dr El Paso, TX 7	9938	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
07/14/2020	Simon Jimente Contributor address; City; 328 Barbaree Dr. El Paso, TX 79912	State; Zip Code	25
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

MONE	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
07/15/2020	6 Contributor address; City; 6210 Escondido El Paso, TX 79912	State; Zip Code	100
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	[ID#:)	Amount of contribution (\$)
07/15/2020	Jonathan Ayala Contributor address; City; 2630 Adams Mill Road NW #206 Was	State; Zip Code Shington, DC 2000!	25
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	[ID#:)	Amount of contribution (\$)
07/15/2020	Terrie Martinez Contributor address; City; 14266 Peyton Edwards Ave El Paso,	State; Zip Code	50
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
07/17/2020	Jorge Garcia Contributor address; City; 5806 Durrill St Santa Teresa, NM 880	State; Zip Code	25
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED

	ARY POLITICAL CONTRIBU		SCHEDULE A1
The	Instruction Guide explains how to complete this form		1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo (Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: Armando Alvarez)	7 Amount of contribution (\$)
07/17/2020	6 Contributor address; City; Sta 3910 N Stanton St El Paso, TX 79902	te; Zip Code	50
8 Principal occup	pation / Job title (See Instructions) 9 E	 mployer (See Instruct	ions)
Date	Full name of contributor)	Amount of contribution (\$)
07/17/2020	Heba Ross Contributor address; City; Sta 1201 Madeline Dr. El Paso, TX 79902	te; Zip Code	50
Principal occup	ation / Job title (See Instructions)	mployer (See Instruct	ions)
Date	Full name of contributor)	Amount of contribution (\$)
07/17/2020	Oscar Gonzalez Contributor address; City; State 744 Cinnerson Tool El Dago TV 70022	e; Zip Code	50
Principal occup	741 Cinnamon Teal El Paso, TX 79932 ation / Job title (See Instructions)	mployer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
07/17/2020	Aaron Cervantes Contributor address; City; Sta 5739 Willis Ave Sherman Oaks, CA 9141	' '	50
Principal occur		mployer (See Instruct	ions)

07/17/2020 Elhiu Do 6 Contribu 5293 Pe 8 Principal occupation / Job ti Date Full nam Rose Av 07/17/2020 Contribu	e of contributor	State; Zip Code 79912 g Employer (See Instru	3 Filer ID (Ethics Commission Filers 7 Amount of contribution (\$) 35 actions) Amount of contribution (\$)
4 Date 5 Full nam	e of contributor out-of-state minguez tor address; City; te Payan Dr. El Paso, TX tle (See Instructions) e of contributor out-of-state	State; Zip Code 79912 g Employer (See Instru	35 Juctions)
07/17/2020 6 Contribut 5293 Pe 8 Principal occupation / Job to Date Full name Rose Av 07/17/2020 Contribut 1025 Ma	tor address; City; te Payan Dr. El Paso, TX tle (See Instructions) e of contributor	79912 g Employer (See Instru	uctions)
Date Full nam Rose Av 07/17/2020 Contribut 1025 Ma	e of contributor		
Rose Av 07/17/2020 Contribu 1025 Ma	ila	PAC (ID#:)	Amount of contribution (\$)
07/17/2020 Contribution 1025 Ma			
Principal occupation / Job tit	llett St. El Paso, TX 79907	State; Zip Code	20
	e (See Instructions)	Employer (See Instru	ictions)
Date Full nam	e of contributor	PAC (ID#:)	Amount of contribution (\$)
07/17/2020	non or address; City; spect El Paso, TX 79902	State; Zip Code	25
Principal occupation / Job tit	•	Employer (See Instru	uctions)
Date Full nam	e of contributor	PAC (ID#:)	Amount of contribution (\$)
07/17/2020	scobedo tor address; City; ncun El Paso, TX 79912	State; Zip Code	25
Principal occupation / Job tit	le (See Instructions)	Employer (See Instru	uctions)

	The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
Bethany Mata 6 Contributor address; City; State; Zip Code 11713 Chiquis Ln El Paso, TX 79936 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Liza Montelongo 07/17/2020 Contributor address; City; State; Zip Code 5701 S MoPac Expressway, Austin, TX 78749 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Linda Immendorf Contributor address; City: State; Zip Code 1020 Lynwood Ln. Somerdale, NJ 08083 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Linda Immendorf Contributor address; City: State; Zip Code 1020 Lynwood Ln. Somerdale, NJ 08083 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Contributor address; City: State; Zip Code Amount of contribution (\$) Amount of contribution (\$)	_	Carlos Gallinar		3 Filer ID (Ethics Commission Filers
07/17/2020 6 Contributor address; City: State: Zip Code 11713 Chiquis Ln El Paso, TX 79936 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Liza Montelongo Contributor address; City: State: Zip Code 5701 S MoPac Expressway, Austin, TX 78749 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	4 Date	5 Full name of contributor out-of-state PAC (ID	D#:)	7 Amount of contribution (\$)
11713 Chiquis Ln El Paso, TX 79936				
Date Full name of contributor out-of-state PAC (ID#:	07/17/2020		State; Zip Code	25
Liza Montelongo Contributor address; City; State; Zip Code 5701 S MoPac Expressway, Austin, TX 78749 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Contributor address; City; State; Zip Code 25	Date	Full name of contributor	D#:)	Amount of contribution (\$)
ST01 S MoPac Expressway, Austin, TX 78749 ST01 S MoPac Expressway, Austin, TX 78749 Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Linda Immendorf Contributor address; City; State; Zip Code 1020 Lynwood Ln. Somerdale, NJ 08083 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#:	07/17/2020			25
Linda Immendorf Contributor address; City; State; Zip Code 1020 Lynwood Ln. Somerdale, NJ 08083 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Monica Riehl Contributor address; City; State; Zip Code 708 Winter Dr El Paso, Tx, TX 79902	Principal occu	• • •		ons)
07/17/2020 Contributor address; City; State; Zip Code 1020 Lynwood Ln. Somerdale, NJ 08083 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Monica Riehl Contributor address; City; State; Zip Code 708 Winter Dr El Paso, Tx, TX 79902	Date	Full name of contributor	D#:)	Amount of contribution (\$)
1020 Lynwood Ln. Somerdale, NJ 08083 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Monica Riehl Contributor address; City; State; Zip Code 708 Winter Dr El Paso, Tx, TX 79902	07/17/2020		State; Zip Code	25
Date Full name of contributor Overland PAC (ID#:) Monica Riehl Contributor address; City; State; Zip Code 708 Winter Dr El Paso, Tx, TX 79902	0171172020	1020 Lynwood Ln. Somerdale, NJ 080		
Monica Riehl Contributor address; City; State; Zip Code 708 Winter Dr El Paso, Tx, TX 79902	Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
07/18/2020 Contributor address; City; State; Zip Code 708 Winter Dr El Paso, Tx, TX 79902	Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of contribution (\$)
	07/18/2020	Contributor address; City;	State; Zip Code	100
Principal occupation / Job title (See Instructions) Employer (See Instructions)		708 Winter Dr El Paso, Tx, TX 79902		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Rosario Munoz	(ID#:)	7 Amount of contribution (\$)
07/18/2020	6 Contributor address; City; 1115 Apache St El Paso, TX 79925	State; Zip Code	20
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor		Amount of contribution (\$)
07/19/2020	Nestor Valencia Contributor address; City; 2113 West O'Hara Rd Anthony, NM 8	State; Zip Code	100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
07/19/2020	Ramon Benavidez Contributor address; City; 11505 James Grant Dr El Paso, TX 7	State; Zip Code	50
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
07/19/2020	Laura Foster Contributor address; City; 2315 North Octavia Street El Paso, T	State; Zip Code	25
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

MONE	TARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID	D#:)	7 Amount of contribution (\$)
07/21/2020	6 Contributor address; City; 413 N. Warwick Rd 30B Somerdale, N	State; Zip Code J 08083	50
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	iions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
07/22/2020			5
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of contribution (\$)
07/22/2020	Kalind Patel Contributor address; City; 3 Avery Drive Old Bridge Township, N.	State; Zip Code J 08857	20
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of contribution (\$)
07/22/2020	Emily Rosales Contributor address; City; 5644 Pebble Beach Dr El Paso, TX 79	State; Zip Code	25
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
07/23/2020	6 Contributor address; City; 16 Candlewood Road Laredo, TX 78	State; Zip Code	100
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
07/25/2020	Luz Corral Contributor address; City; 12504 Carlos Bombach Avenue El Pa	State; Zip Code	50
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
07/25/2020	Keri Moe Contributor address; City;	State; Zip Code	250
	3120 Mobile Avenue El Paso, TX 799	930	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
07/26/2020	Contributor address; City;	State; Zip Code	25
Principal occu	2315 North Octavia Street El Paso, T	X 79902 Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O		

MONET	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date 07/26/2020	5 Full name of contributor ☐ out-of-state PACE Daniel Ramirez 6 Contributor address; City; 6522 Rolla St Houston, TX 77055	State; Zip Code	7 Amount of contribution (\$) 250
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
07/27/2020	Contributor address; City; 1305 Lonewood, El Paso, TX 79925	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
07/27/2020	Aurora Broadway Contributor address; City; 1305 Lonewood Dr El Paso, TX 7992	State; Zip Code	100
Principal occup	aation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
07/27/2020	Contributor address; City; 7128 Portugal Dr El Paso, TX 79912	State; Zip Code	25
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED

	TARY POLITICAL CONTRI	BOTTONO	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:59
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC Alan Valle	(ID#:)	7 Amount of contribution (\$)
07/27/2020	6 Contributor address; City; 645 Portillo Ave El Paso, TX 79932	State; Zip Code	25
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
07/27/2020	Juanita Carrillo Contributor address; City; 1407 Arizona Dr. El Paso, TX 79902	State; Zip Code	25
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
07/28/2020	Diana Duron Contributor address; City;	State; Zip Code	15
	2304 Cumbre Negra St El Paso, TX	79935	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Pete Dunavant O7/28/2020 Contributor address; City; Sta		State; Zip Code	100
	83 N ANGEL FIRE RD #48 ANGEL F	FIRE, NM 87710	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2020	 5 Full name of contributor out-of-state PAC Christina Sanchez 6 Contributor address; City; 1420 Camino Alto El Paso, TX 79902 	(ID#:) State; Zip Code	7 Amount of contribution (\$) 250
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 08/02/2020	Full name of contributor out-of-state PAC Daniel Tovar Contributor address; City; 11 Garnet Crest Way El Paso, TX 79	State; Zip Code	Amount of contribution (\$)
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Sylvia Ulrich	(ID#:)	Amount of contribution (\$)
08/14/2020	Contributor address; City; 1500 Lost Padre Mine Dr El Paso, TX	State; Zip Code (X 79902	130
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor		Amount of contribution (\$)
08/16/2020	Contributor address; City; 2400 Frankfort Ave El Paso, TX 7993	State; Zip Code	200
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

MONET	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
08/07/2020 6 Contributor address; City; State; Zip Code 10464 Seawood Dr. El Paso, TX 79925			100
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/08/2020	Daisy Nieto Contributor address; City; 1415 Hawthorne Street El Paso, TX 79	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/08/2020	Francisca Hennes O8/08/2020 Contributor address; City; State; Zip Code 5 5903 Sage Hollow Ct Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
08/09/2020	Francoise Feliberti Contributor address; City; 10500 Tomwood El Paso, TX 79925	State; Zip Code	50
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
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MONE	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (I	ID#:)	7 Amount of contribution (\$)
08/09/2020	6 Contributor address; City; State; Zip Code 3910 N Stanton St El Paso, TX 79902		25
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
08/09/2020	Cathleen Banda Contributor address; City; 2118 N. Saint Vrain Street El Paso, TX	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
08/10/2020	Alexandra Gallinar Contributor address; City; 12013 Castle Keep Cir el paso, TX 79	State; Zip Code	25
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
08/10/2020	Joe Wearmouth Contributor address; City; 1415 Hawthorne St El Paso, TX 79902	State; Zip Code	500
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS N	EEDED

The	Instruction Guide explains how to complete this fo	orm	1 Total pages Schedule A1:
2 FILER NAME	manuation during explains now to complete this re	511II.	593 Filer ID (Ethics Commission Filers
_	Carlos Gallinar		Ther ib (Ethics Commission Thers
4 Date	5 Full name of contributor out-of-state PAC (ID	D#:)	7 Amount of contribution (\$)
	Diana Duron		
08/11/2020			20
	2304 Cumbre Negra St El Paso, TX 79	9935	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Leticia Quintero		
08/12/2020			9.15
	12049 Greenveil Dr El Paso, TX 79936	o	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Arnold Briseno		
08/13/2020		State; Zip Code	25
	709 N. 4th St. Colton, CA 92324		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of contribution (\$)
	Erica Rosales		
08/13/2020			25
	6084 River Park Place El Paso, TX 799		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	<u> </u>		

Hollandbyrd or address; City; Rio Grande Ave, Apt B11 El ele (See Instructions) e of contributor	g Employer (See Instruction of the Company of the C	Amount of contribution (\$)
Hollandbyrd or address; City; Rio Grande Ave, Apt B11 El ele (See Instructions) e of contributor	State; Zip Code Paso, TX 79902 9 Employer (See Instruct C (ID#:) State; Zip Code 79912 Employer (See Instruct	Amount of contribution (\$)
Rio Grande Ave, Apt B11 El cle (See Instructions) cof contributor	Paso, TX 79902 9 Employer (See Instruction C (ID#:) State; Zip Code 79912 Employer (See Instruction	Amount of contribution (\$)
ockhart or address; City; a Hermosa Dr El Paso, TX e (See Instructions)	State; Zip Code 79912 Employer (See Instruc	Amount of contribution (\$)
ockhart or address; City; a Hermosa Dr El Paso, TX e (See Instructions)	State; Zip Code 79912 Employer (See Instruc	50
or address; City; a Hermosa Dr El Paso, TX e (See Instructions)	79912 Employer (See Instruc	
e of contributor	. , ,	stions)
_	C (ID#:)	
		Amount of contribution (\$)
or address; City;	State; Zip Code	50
pect El Paso, TX 79902 e (See Instructions)	Employer (See Instruc	ctions)
e of contributor	C (ID#:)	Amount of contribution (\$)
amora or address; City;	State; Zip Code	100
e (See Instructions)	Employer (See Instruc	otions)
a	amora or address; City; thwind Dr El Paso, TX 799	amora or address; City; State; Zip Code thwind Dr El Paso, TX 79912

TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
		3 Filer ID (Ethics Commission Filers)
Anna Hey 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
upation / Job title (See Instructions)	Employer (See Instruct	ions)
Full name of contributor	D#:)	Amount of contribution (\$)
Contributor address; City; 848 Via Descanso LN El Paso, TX 799		25
pation / Job title (See Instructions)	Employer (See Instructi	ions)
Full name of contributor	D#:)	Amount of contribution (\$)
Jorge Garcia Contributor address; City; 5806 Durrill St Santa Teresa, NM 8800		25
pation / Job title (See Instructions)	Employer (See Instruct	ions)
Full name of contributor	D#:)	Amount of contribution (\$)
Contributor address; City; 3910 N Stanton St El Paso, TX 79902	State; Zip Code	50
pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Carlos Gallinar 5 Full name of contributor	Carlos Gallinar 5 Full name of contributor

MONE	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (I	ID#:)	7 Amount of contribution (\$)
08/17/2020	6 Contributor address; City; 2706 Savannah Ave El Paso, TX 7993	State; Zip Code	25
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
08/17/2020	Ed Roden-Lucero Contributor address; City; 4500 Bliss Ave. El Paso, TX 79903	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
08/18/2020	Valeria Contreras Contributor address; City; City; C537 Contessa Ridge El Paso, TX 799	State; Zip Code	25
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
08/19/2020	Laura Foster Contributor address; City; 2315 North Octavia Street El Paso, TX	State; Zip Code	25
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS N	EEDED

MONET	ARY POLITICAL CONTRIB	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date 08/19/2020	5 Full name of contributor out-of-state PAC (ID#:) Scarlett Mercer 6 Contributor address; City; State; Zip Code 1509 Belview Court El Paso, TX 79912		7 Amount of contribution (\$) 100
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 08/21/2020	Full name of contributor out-of-state PAC (III Diana Duron Contributor address; City; 2304 Cumbre Negra St El Paso, TX 79	State; Zip Code	Amount of contribution (\$)
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 08/23/2020	Full name of contributor uut-of-state PAC (III George Altgelt Contributor address; City; 16 Candlewood Road Laredo, TX 7804	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 08/23/2020	Full name of contributor out-of-state PAC (II Ramon Benavidez Contributor address; City; 11505 JAMES GRANT DR EL PASO,	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
2 FILER NAME	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
08/23/2020	6 Contributor address; City; 7329 Kiowa Creek Dr El Paso, TX 799	State; Zip Code	50
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	TID#:)	Amount of contribution (\$)
08/24/2020	Contributor address; City; 3531 Fort Blvd El Paso, TX 79930	State; Zip Code	100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
08/24/2020	Susan Urbieta Contributor address; City; 1324 Madeline Dr El Paso, TX 79902	State; Zip Code	100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/24/2020	Jesus Bocanegra Contributor address; City; 6740 Brisa del Mar Dr El Paso, TX 79	State; Zip Code	100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	· · · · · · · · · · · · · · · · · · ·		593 Filer ID (Ethics Commission Filers
Mr. Rodolfo	Carlos Gallinar		
4 Date	5 Full name of contributor out-of-state PAC (ID	D#:)	7 Amount of contribution (\$)
	Jesus Bocanegra		
08/24/2020	6 Contributor address; City;	State; Zip Code	100
	6740 Brisa del Mar Dr El Paso, TX 799	912	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Luz Corral		
08/25/2020	,	State; Zip Code	50
	12504 Carlos Bombach Avenue El Pas	so, TX 79928	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/25/2020	Dana Deemer Contributor address; City;	State; Zip Code	100
06/25/2020	5055 Ocotillo El Paso, TX 79932		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of contribution (\$)
	Beto O'Rourke		
08/25/2020	Contributor address; City;	State; Zip Code	100
	1100 Los Angeles El Paso, TX 79902		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar	3 Filer ID (Ethics Commission Filers)
4 Date 08/25/2020	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 100
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ructions)
Date 08/25/2020	Full name of contributor	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date 08/25/2020	Full name of contributor	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date 08/25/2020	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)

MONE	ARY POLITICAL CONTRIB	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date 08/25/2020	5 Full name of contributor ☐ out-of-state PAC (IE Rebecca Krasne 6 Contributor address; City; 1107 East Baltimore Drive El Paso, TX	7 Amount of contribution (\$) 100	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor		Amount of contribution (\$)
08/25/2020	Contributor address; City; 2308 Wheeling Ave Apt A El Paso, TX	State; Zip Code 79930	100
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/25/2020	Chris Villa Contributor address; City; 1107 E. Robinson Ave. El Paso, TX 79	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor		Amount of contribution (\$)
08/25/2020	Contributor address; City; 1210 Los Angeles Dr El Paso, TX 799	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTAQUARRITIONAL CORIES OF	THE COUEDING A CAN	

Mr. Rodolfo Carlos Gallinar 4 Date 5 Full name of contributor Date Contributor Date Date Date Full name of contributor Date Date	MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
Mr. Rodolfo Carlos Gallinar 4 Date	The	Instruction Guide explains how to complete this	form.	
Laura Foster 6 Contributor address; City; State; Zip Code 2315 North Octavia Street El Paso, TX 79902 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code 1018 Blanchard Avenue El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Juanita Carrillo Contributor address; City; State; Zip Code 1407 Arizona Dr. El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Michelle Savage Contributor address; City; State; Zip Code 800 Prospect Street, Apt 2 El Paso, TX 79902	_	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
2315 North Octavia Street El Paso, TX 79902 8 Principal occupation / Job title (See Instructions) Date Full name of contributor	4 Date	G out or otime 1710	(ID#:)	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	08/25/2020		•	25
Esther Hughes Contributor address; City; State: Zip Code 1018 Blanchard Avenue El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Juanita Carrillo Contributor address; City; State; Zip Code 1407 Arizona Dr. El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Michelle Savage Contributor address; City; State; Zip Code 800 Prospect Street, Apt 2 El Paso, TX 79902	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	l otions)
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor	Date		(ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Juanita Carrillo Contributor address; City; State; Zip Code 1407 Arizona Dr. El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Michelle Savage Contributor address; City; State; Zip Code 800 Prospect Street, Apt 2 El Paso, TX 79902	08/26/2020	Contributor address; City;		250
Juanita Carrillo Contributor address; City; State; Zip Code 1407 Arizona Dr. El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Contributor address; City; State; Zip Code 1407 Arizona Dr. El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Michelle Savage Contributor address; City; State; Zip Code 800 Prospect Street, Apt 2 El Paso, TX 79902	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pate Full name of contributor out-of-state PAC (ID#:	08/27/2020	Contributor address; City;	State; Zip Code	25
Michelle Savage Contributor address; City; State; Zip Code 800 Prospect Street, Apt 2 El Paso, TX 79902	Principal occu	·	Employer (See Instruc	tions)
08/27/2020 Contributor address; City; State; Zip Code 800 Prospect Street, Apt 2 El Paso, TX 79902	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	08/27/2020	Contributor address; City;		100
		800 Prospect Street, Apt 2 El Paso,	TX 79902	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)

	5 Full name of contributor uut-of-state PAC (I	ID#-	3 Filer ID (Ethics Commission Filers
`		ID#·	
•		10#)	7 Amount of contribution (\$)
00/21/2020	Cristina Gonzalez 6 Contributor address; City; 6712 Camino Fuente El Paso, TX 799	State; Zip Code	100
8 Principal occupa	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
08/27/2020	Laura Rodriguez Contributor address; City; 10260 Bermuda Ave, El Paso, TX 799	State; Zip Code	250
Principal occupat	tion / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
08/27/2020	Douglas Scheiner Contributor address; City;	State; Zip Code	100.18
	5857 Burning Tree Dr El Paso, TX 799	Employer (See Instruc	tions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
08/27/2020	Cathleen Banda Contributor address; City; 2118 N. Saint Vrain Street El Paso, TX	State; Zip Code X 79902	100
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruc	tions)

TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor ut-of-state PAC	(ID#:) State; Zip Code	7 Amount of contribution (\$)
1007 Kelly Way El Paso, TX 79902	Consister (Consistered	tione
pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	(ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	250
pation / Job title (See Instructions)	Employer (See Instruc	tions)
Full name of contributor	(ID#:)	Amount of contribution (\$)
Misty Garcia Contributor address; City; 3604 N Stanton El Paso, TX 79902	State; Zip Code	400
pation / Job title (See Instructions)	Employer (See Instruc	tions)
	(ID#:)	Amount of contribution (\$)
Contributor address; City; 3923 Las Vegas El Paso, TX 79902	State; Zip Code	200
pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Carlos Gallinar 5 Full name of contributor Karen Barron 6 Contributor address; City; 1007 Kelly Way El Paso, TX 79902 Lupation / Job title (See Instructions) Full name of contributor Paul Ro Contributor address; City; 2209 Pittsburg Ave El Paso, TX 7993 pation / Job title (See Instructions) Full name of contributor Paul Ro Contributor address; City; 2209 Pittsburg Ave El Paso, TX 7993 pation / Job title (See Instructions) Full name of contributor Misty Garcia Contributor address; City; 3604 N Stanton El Paso, TX 79902 pation / Job title (See Instructions) Full name of contributor Dut-of-state PAC Michelle Cummings Contributor address; City;	Carlos Gallinar 5 Full name of contributor

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo (Carlos Gallinar		3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)
08/27/2020	6 Contributor address; City; 3923 Las Vegas El Paso, TX 79902	State; Zip Code	200
8 Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/28/2020	Charlotte O'Rourke Contributor address; City; 3820 Hillcrest El Paso, TX 79902	State; Zip Code	100
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/28/2020	Nancy Salazar Contributor address; City;	State; Zip Code	100
Principal occup	9309 McFall Dr El Paso, TX 79925 ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/28/2020	Mary Long Contributor address; City; 4101 Larchmont Dt. El Paso, TX 7990	State; Zip Code	100
Principal accur	ation / Job title (See Instructions)	Employer (See Instruct	ions)

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 59
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Marisela Bannon	(ID#:)	7 Amount of contribution (\$)
08/28/2020	6 Contributor address; City; 1840 Grandview Ave El Paso, TX 79	State; Zip Code	100
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/28/2020	Michael Birckelbach Contributor address; City; 428 Borealis Ln El Paso, TX 79912	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
08/28/2020	Brian Kelley Contributor address; City; 6365 Monarch El Paso, TX 79912	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
08/28/2020	Patricia Dalbin Contributor address; City; 2308 Red Bluff El Paso, TX 79930	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS N	IEEDED

MONE	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (I Stuart Schwartz	D#:)	7 Amount of contribution (\$)
08/28/2020	6 Contributor address; City; 1025 Singing Hills El Paso, TX 79912	State; Zip Code	250
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/28/2020	Fred Dalbin Contributor address; City; 2308 Red Bluff El Paso, TX 79930	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/28/2020	Elhiu Dominguez Contributor address; City; 5293 Pete Payan Dr. El Paso, TX 799	State; Zip Code	35
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
08/28/2020	Edward Holland Contributor address; City; 2701 Louisville Ave El Paso, TX 7993	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)

The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1:
2 FILER NAME	Carlos Gallinar		3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor □ out-of-state PAC (II Parul Haribhai	D#:)	7 Amount of contribution (\$)
08/28/2020	6 Contributor address; City; 719 Kerbey Ave El Paso, TX 79902	State; Zip Code	100
3 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruc	l tions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
09/29/2020	John Dodson Contributor address; City; 1226 Cincinnati Ave El Paso, TX 7990	State; Zip Code	50
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/29/2020	Mauro Monsisvais Contributor address; City;	State; Zip Code	100
Principal occup	403 E Baltimore Dr El Paso, TX 79902 pation / Job title (See Instructions)	Employer (See Instruc	itions)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
08/29/2020	Ben Lopez Contributor address; City; 7748 Iroquois El Paso, TX 79912	State; Zip Code	100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC Edward Lechuga	(ID#:)	7 Amount of contribution (\$)
08/29/2020	6 Contributor address; City; 10620 Vista Lomas Dr El paso, TX 79	State; Zip Code	100
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	l tions)
Date	Full name of contributor uut-of-state PAC Jo Casey	(ID#:)	Amount of contribution (\$)
08/29/2020	Contributor address; City; 1000 Madeline Dr El Paso, TX 79902	State; Zip Code	500
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/29/2020	Katherine Schuette Contributor address; City; 7329 Kiowa Creek Dr El Paso, TX 79	State; Zip Code	50
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
08/29/2020	Suzanne Moody Contributor address; City; 3224 Mesa Verde Lane El Paso, TX	State; Zip Code	100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
08/29/2020	6 Contributor address; City; 1500 Silver King Drive Aspen, CO 81	State; Zip Code	250
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	l tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/31/2020	Contributor address; City; 7053 Red Man Dr El Paso, TX 79934	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor ut-of-state PAC ((ID#:)	Amount of contribution (\$)
08/31/2020	Annette Gossett Contributor address; City; 4212 Larchmont Dr. El Paso, TX 7990	State; Zip Code	50
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
08/31/2020	Noemi Tovar Contributor address; City; 1108 Upson Dr. El Paso, TX 79902	State; Zip Code	100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

The	Instruction Guide explains how to complete this form	n	1 Total pages Schedule A1:
	monation during explains new to complete this for		3 Files ID (Fabica Commission Files)
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state_PAC (ID#:)	7 Amount of contribution (\$)
	Rusty Morris		
09/01/2020	6 Contributor address; City; St 708 McKelligon Dr El Paso, TX 79902	tate; Zip Code	100
8 Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor)	Amount of contribution (\$)
09/01/2020	Tatiana Avila Contributor address; City; S	tate; Zip Code	118
	P.O. Box 370601 El Paso, TX 79937		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor)	Amount of contribution (\$)
09/01/2020	Lee Byrd Contributor address; City; St	ate; Zip Code	100
	2709 Louisville El Paso, TX 79930		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Tiam Leyva	<u>.</u> . <u>.</u>	
09/01/2020		tate; Zip Code	5
B: :	3700 Preston Rd, Apt 1634 Plano, TX 7		e
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

		59
Carlos Gallinar		3 Filer ID (Ethics Commission Filers
5 Full name of contributor ut-of-state PAC ((ID#:)	7 Amount of contribution (\$)
6 Contributor address; City; 6900 Rock Canyon Dr El Paso, TX 79	State; Zip Code 9912	50
pation / Job title (See Instructions)	9 Employer (See Instruc	ritions)
Full name of contributor uut-of-state PAC ((ID#:)	Amount of contribution (\$)
Diana Ramos Contributor address; City;	State; Zip Code	50
ation / Job title (See Instructions)		tions)
Full name of contributor ut-of-state PAC ((ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	50
2808 Devis Tower El Paso, TX 79904	ļ	
pation / Job title (See Instructions)	Employer (See Instruc	itions)
Full name of contributor uut-of-state PAC ((ID#:)	Amount of contribution (\$)
Mary Bosen Contributor address; City;	State; Zip Code	20
4108 Hueco Ave El Paso, TX 79903		
pation / Job title (See Instructions)	Employer (See Instruc	tions)
	6 Contributor address; City; 6900 Rock Canyon Dr El Paso, TX 79 Dation / Job title (See Instructions) Full name of contributor	6 Contributor address; City; State; Zip Code 6900 Rock Canyon Dr El Paso, TX 79912 Dation / Job title (See Instructions) Full name of contributor Diana Ramos Contributor address; City; State; Zip Code 10705 White Sands Dr El Paso, TX 79924 ation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Gut-of-state PAC (ID#:

MONET	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Maria Leon	C (ID#:)	7 Amount of contribution (\$)
09/01/2020	6 Contributor address; City; 510 McKelligon Dr. El Paso, TX 799	State; Zip Code	25
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
09/01/2020	Katherine Brennand Contributor address; City; 6006 Balcones Ct. #27, El Paso, TX	State; Zip Code	200
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
09/03/2020	Rosaura Zarazua Contributor address; City; 7305 Dempsey, El Paso, TX 79925	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
09/02/2020	Lucia Aguirre Barrios Contributor address; City; 893 Blue Park Santa Teresa, NM 88	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
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MONET	TARY POLITICAL CONTR	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
09/03/2020	6 Contributor address; City; 403 E Baltimore Dr El Paso, TX 799	State; Zip Code	50
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
09/03/2020	Virginia Martinez Contributor address; City; 724 Cheltenham Dr El Paso, TX 799	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
09/03/2020	Laura Escobedo Contributor address; City; 6804 Cancun Ln El Paso, TX 79912	State; Zip Code	25
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
09/04/2020	Luis Garcia Contributor address; City; 12321 Amstater Cr El Paso, TX 799	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	NEEDED

	The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:59
Date S Full name of contributor	_	Carlos Gallinar		3 Filer ID (Ethics Commission Filers
Maria Casillas 09/04/2020 6 Contributor address; City: State; Zip Code 13829 Hartsook St Sherman Oaks, CA 91423 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Alma Gonzalez Contributor address; City; State; Zip Code 8499 New Haven Dr. El Paso, TX 79907 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:			D#:)	7 Amount of contribution (\$)
13829 Hartsook St Sherman Oaks, CA 91423			,	
Date Full name of contributor out-of-state PAC (ID#:	09/04/2020		•	100
Alma Gonzalez Contributor address; City; State; Zip Code 8499 New Haven Dr. El Paso, TX 79907 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code 4628 Luxberry Drive Fairfax, VA 22032 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Eduardo Rodela Contributor address; City; State; Zip Code 4628 Luxberry Drive Fairfax, VA 22032 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Anna Hey Contributor address; City; State; Zip Code 5844 Wrangler Dr. El Paso, TX 79924	8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
O9/04/2020 Contributor address; City; State; Zip Code 8499 New Haven Dr. El Paso, TX 79907 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Eduardo Rodela Contributor address; City; State; Zip Code 4628 Luxberry Drive Fairfax, VA 22032 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Anna Hey Contributor address; City; State; Zip Code 25 5844 Wrangler Dr. El Paso, TX 79924	Date	Full name of contributor ut-of-state PAC (IE	D#:)	Amount of contribution (\$)
Sade Full name of contributor City; State; Zip Code Instructions		Alma Gonzalez		
Principal occupation / Job title (See Instructions) Date	09/04/2020	-		25
Date Full name of contributor out-of-state PAC (ID#:		8499 New Haven Dr. El Paso, TX 7990)/	
Eduardo Rodela Contributor address; City; State; Zip Code 4628 Luxberry Drive Fairfax, VA 22032 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Anna Hey Contributor address; City; State; Zip Code 5844 Wrangler Dr. El Paso, TX 79924	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
O9/04/2020 Contributor address; City; State; Zip Code 4628 Luxberry Drive Fairfax, VA 22032 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Anna Hey Contributor address; City; State; Zip Code 5844 Wrangler Dr. El Paso, TX 79924	Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pate Full name of contributor out-of-state PAC (ID#:) Anna Hey Contributor address; City; State; Zip Code 5844 Wrangler Dr. El Paso, TX 79924	09/04/2020		State; Zip Code	25
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Anna Hey Contributor address; City; State; Zip Code 5844 Wrangler Dr. El Paso, TX 79924		4628 Luxberry Drive Fairfax, VA 22032	2	
Anna Hey Contributor address; City; State; Zip Code 5844 Wrangler Dr. El Paso, TX 79924	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
09/04/2020 Contributor address; City; State; Zip Code 5844 Wrangler Dr. El Paso, TX 79924	Date	Full name of contributor	D#:)	Amount of contribution (\$)
5844 Wrangler Dr. El Paso, TX 79924	00/04/2020	· · · · · · · · · · · · · · · · · · ·	State; Zip Code	25
Principal occupation / Job title (See Instructions) Employer (See Instructions)	03/04/2020	5844 Wrangler Dr. El Paso, TX 79924		20
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
riler NAME	Carlos Gallinar		3 Filer ID (Ethics Commission Filers
l Date	5 Full name of contributor ☐ out-of-state PAC (I	ID#:)	7 Amount of contribution (\$)
09/04/2020	6 Contributor address; City; 5844 Wrangler Drive El Paso, TX 799.	State; Zip Code	25
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
9/04/2020	Liza Montelegno Contributor address; City; 5701 S MoPac Expressway, Austin, T	State; Zip Code	100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
9/05/2020	Roberto Ortega Contributor address; City;	State; Zip Code	100
	1305 Lonewood Dr. El Paso, TX 7992	25	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
09/05/2020	Michelle Ortega Contributor address; City;	State; Zip Code	100
	551 Regency El Paso, TX 79912		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	-		

MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 59	1 1
2 FILER NAME Mr. Rodolfo	Carlos Gallinar	3	Filer ID (Ethics Commission Filers)
4 Date 09/05/2020	 5 Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
8 Principal occu		er (See Instruction	s)
Date 09/05/2020	Full name of contributor)	Amount of contribution (\$)
	1292 Cypress Ridge Drive El Paso, TX 79912		
Principal occup	ation / Job title (See Instructions) Employe	er (See Instruction	s)
Date	Full name of contributor		Amount of contribution (\$)
09/05/2020	Contributor address; City; State; Zi 7105 Villa Hermosa Dr El Paso, TX 79912	Cip Code 50)
Principal occup	pation / Job title (See Instructions) Employ	er (See Instruction	s)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
09/05/2020	Contributor address; City; State; Z 12349 Chelmsford Ave Horizon, TX 79928	ip Code 5	0
Principal occup	pation / Job title (See Instructions) Employ	er (See Instruction	s)

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	Carlos Gallinar		593 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor out-of-state PAC (IE	D#.	7 Amount of contribution (\$)
	Gloria Amber	D#:)	γ variount of contribution (φ)
09/06/2020	6 Contributor address; City;	State; Zip Code	100
	1125 Baltimore El Paso, TX 79902		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
	John Dodson		
09/07/2020	Contributor address; City;		50
	1226 Cincinnati Ave El Paso, TX 7990	2	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
09/07/2020	Diana Duron Contributor address; City;	State; Zip Code	25
	2304 Cumbre Negra St. El Paso, TX 7	9935	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
	Walter Lujan		
09/08/2020	Contributor address; City;	State; Zip Code	100
	6444 Calle Vista Dr El Paso, TX 79912		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

The Instruction Guide explains how to complete this form. 2 FILER NAME Mr. Rodolfo Carlos Gallinar 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$ Roberto Ortega 09/08/2020 6 Contributor address; City; State; Zip Code 1305 Lonewood Dr. El Paso, TX 79925 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	•
Mr. Rodolfo Carlos Gallinar 4 Date	•
Roberto Ortega 09/08/2020 6 Contributor address; City; State; Zip Code 1305 Lonewood Dr. El Paso, TX 79925	5)
09/08/2020 6 Contributor address; City; State; Zip Code 100 1305 Lonewood Dr. El Paso, TX 79925	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (S	B)
09/08/2020 Nita Falvey Contributor address; City; State; Zip Code P.O. Box 26432 El Paso, TX 79926	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor □ out-of-state PAC (ID#:) Amount of contribution (S	\$)
09/08/2020 Barry Simon Contributor address; City; State; Zip Code 25	
800 Prospect El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (S	\$)
Cesar Jurado 09/09/2020 Contributor address; City; State; Zip Code 1432 Hawthorne El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
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The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME			593 Filer ID (Ethics Commission Filers
	Carlos Gallinar		
4 Date	5 Full name of contributor out-of-state PAC (ID:)#:)	7 Amount of contribution (\$)
00/00/0000	Cesar Martinez	<u> </u>	400
09/09/2020	6 Contributor address; City; 5 6500 Tama El Paso, TX 79932	State; Zip Code	100
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Date	Full name of contributor)#:)	Amount of contribution (\$)
	Maria Carrillo		
09/09/2020	Contributor address; City;	State; Zip Code	25
	704 Agua Caliente El Paso, TX 79912		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor)#:)	Amount of contribution (\$)
09/09/2020	Colleen Danaher Contributor address; City;	State; Zip Code	20
	6868 Enid Ct, Apt 38 El Paso, TX 7991	2	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID:)#:)	Amount of contribution (\$)
	Barry Laskowski		
09/09/2020		State; Zip Code	50
	3604 Stanton St. El Paso, TX 79902		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC Mariah Savage	(ID#:)	7 Amount of contribution (\$)
09/09/2020	6 Contributor address; City; 800 Prospect St, Apt 1 El Paso, TX 7	State; Zip Code	50
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	etions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
09/09/2020	Contributor address; City; 1216 Backus St El Paso, TX 79925	State; Zip Code	50
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
09/09/2020	Ailbhe Cormack Contributor address; City; 905 Cincinnati El Paso, TX 79902	State; Zip Code	50
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
09/09/2020	Marisela Huerta Contributor address; City; 3707 Laguna PI EI Paso, TX 79902	State; Zip Code	50
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC ■ Jose Levario	(ID#:)	7 Amount of contribution (\$)
09/09/2020	6 Contributor address; City; 411 RIO ESTANCIA DR. EL PASO, T	State; Zip Code X 79932	25
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
09/09/2020	Paul Ro Contributor address; City; 2209 Pittsburg Ave El Paso, TX 7993	State; Zip Code	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
09/09/2020	Contributor address; City;	State; Zip Code	100
Principal occu	7329 Kiowa Creek Dr El Paso, TX 799 Dation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
09/10/2020	Alex Gallinar Contributor address; City; 12013 Castle Keep Cir El Paso, TX 7	State; Zip Code	25
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

Mr. Rodolfo Carlos Gallinar 4 Date 5 Full name of contributor out-of-state PAC (ID#:	4 Date 5 N 09/10/2020 6 4 8 Principal occupat Date N 09/10/2020 4	Full name of contributor	State; Zip Code 02 9 Employer (See Instruc	3 Filer ID (Ethics Commission Filers7 Amount of contribution (\$)50
Michelle Savage 6 Contributor address; City; State; Zip Code 4200 N. Stanton St. El Paso, TX 79902 Brincipal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code 4200 N. Stanton St. El Paso, TX 79902 Principal occupation / Job title (See Instructions) Date Full name of contributor St. El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code 50 Date Full name of contributor Contributor address; City; State; Zip Code 50 Date Full name of contributor Emmanuel Martinez Contributor address; City; State; Zip Code 506 1/2 Prospect St. El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Suzi Davidoff Contributor address; City; State; Zip Code 50 Suzi Davidoff Contributor address; City; State; Zip Code 50 Suzi Davidoff Contributor address; City; State; Zip Code 50 Suzi Davidoff Contributor address; City; State; Zip Code 50 Suzi Davidoff Contributor address; City; State; Zip Code 50	09/10/2020 6 4 8 Principal occupat Date M 09/10/2020 4	Michelle Savage Contributor address; City; 1200 N. Stanton St. El Paso, TX 799 tion / Job title (See Instructions) Full name of contributor	State; Zip Code 02 9 Employer (See Instruc	50 etions)
4200 N. Stanton St. El Paso, TX 79902 B Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (IDR: Amount of contribution (\$) Michelle Savage Contributor address; City; State; Zip Code Stanton St. El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date	Date 09/10/2020 4	tion / Job title (See Instructions) Full name of contributor ut-of-state PAC	9 Employer (See Instruc	ctions)
Date Full name of contributor out-of-state PAC (ID#:	Date N. 09/10/2020 4.	Full name of contributor ut-of-state PAC		
Michelle Savage Contributor address; City; State; Zip Code 4200 N. Stanton St. El Paso, TX 79902 Principal occupation / Job title (See Instructions) Date Full name of contributor Emmanuel Martinez Contributor address; City; State; Zip Code 50 506 1/2 Prospect St. El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) 50 50 50 506 1/2 Prospect St. El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) 50 50 50 50 50 50 50 50 50 5	09/10/2020 4	/lichelle Savage	(ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 4200 N. Stanton St. El Paso, TX 79902	09/10/2020 4			
Date Full name of contributor Emmanuel Martinez Contributor address; City; State; Zip Code 50 506 1/2 Prospect St. El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Suzi Davidoff Contributor address; City; State; Zip Code 50 Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Suzi Davidoff Contributor address; City; State; Zip Code 50 808 Blacker Ave. El Paso, TX 79902	Principal occupation	200 N. Stanton St. El Paso, TX 7990		50
Emmanuel Martinez Contributor address; City; State; Zip Code 50 506 1/2 Prospect St. El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Suzi Davidoff Contributor address; City; State; Zip Code 808 Blacker Ave. El Paso, TX 79902		ion / Job title (See Instructions)	Employer (See Instruc	tions)
Contributor address; City; State; Zip Code 50 506 1/2 Prospect St. El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Suzi Davidoff Contributor address; City; State; Zip Code 808 Blacker Ave. El Paso, TX 79902 50 Amount of contribution (\$) 50 50 50 50	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pate Full name of contributor	09/10/2020		State; Zip Code	50
Date Full name of contributor Suzi Davidoff Contributor address; City; State; Zip Code 808 Blacker Ave. El Paso, TX 79902 Amount of contribution (\$)	5	506 1/2 Prospect St. El Paso, TX 799	902	
Suzi Davidoff Contributor address; City; State; Zip Code 808 Blacker Ave. El Paso, TX 79902	Principal occupation	ion / Job title (See Instructions)	Employer (See Instruc	ctions)
09/11/2020 Contributor address; City; State; Zip Code 808 Blacker Ave. El Paso, TX 79902		car ar state 17.6	(ID#:)	Amount of contribution (\$)
	09/11/2020	Contributor address; City;	•	50
Principal occupation / Job title (See Instructions) Employer (See Instructions)	8	808 Blacker Ave. El Paso, TX 79902		
	Principal occupation	ion / Job title (See Instructions)	Employer (See Instruc	ctions)

The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Hannah Hollandbyrd)	7 Amount of contribution (\$)
09/11/2020	6 Contributor address; City; State 1140 E Rio Grande Ave, Apt B11 El Paso	•	15
8 Principal occu	pation / Job title (See Instructions) 9 Er	nployer (See Instruct	tions)
Date	Full name of contributor)	Amount of contribution (\$)
09/11/2020	Jean Carlos Moldes Contributor address; City; State 1431 Hawthorne St El Paso, TX 79902	e; Zip Code	100
Principal occu	pation / Job title (See Instructions) Er	nployer (See Instruct	cions)
Date	Full name of contributor)	Amount of contribution (\$)
09/11/2020	Maria Garcia Contributor address; City; State 5267 Santa Elena Dr El Paso, TX 79932		100
Principal occu	<u> </u>	nployer (See Instruct	tions)
Date	Full name of contributor)	Amount of contribution (\$)
09/12/2020	Contributor address; City; State 12049 GREENVEIL Dr El Paso, TX 79936		9.15
Principal occu	pation / Job title (See Instructions)	nployer (See Instruct	tions)
	I		

	TARY POLITICAL CONTRIBUT	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 59
2 FILER NAME Mr. Rodolfo	Carlos Gallinar	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
09/12/2020	Katherine Schuette 6 Contributor address; City; State; 7329 Kiowa Creek Dr El Paso, TX 79911	; Zip Code 100
8 Principal occu	pation / Job title (See Instructions) 9 Em	aployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
09/13/2020	Martha Gutierrez Contributor address; City; State 7748 Iroquois Drive El Paso, TX 79912	; Zip Code 100
Principal occu	pation / Job title (See Instructions) Em	ployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
09/16/2020	Jean Figueroa Contributor address; City; State; 2308 Nancy McDonald Dr El Paso, TX 799	30
Principal occu	pation / Job title (See Instructions) Em	pployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
09/16/2020	Juana Teixeira Contributor address; City; State 711 Tepic El Paso, TX 79912	z; Zip Code 50
Principal occu	pation / Job title (See Instructions) Em	pployer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDIII E AS NEEDED

### Principal occupation / Job title (See Instructions) ### Principal occupation / Job title (See Instructions) ### Principal occupation / Job title (See Instructions) #### Principal occupation / Job title (See Instructions) #### Principal occupation / Job title (See Instructions) ###################################	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
4 Date	_	Carlos Gallinar		3 Filer ID (Ethics Commission Filers
State Stat			(ID#:)	7 Amount of contribution (\$)
Date Full name of contributor	09/12/2020	6 Contributor address; City;	•	1500
Jorge Garcia O9/17/2020 Contributor address; City; State; Zip Code 5806 Durrill St Santa Teresa, NM 88008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution Armando Alvarez Contributor address; City; State; Zip Code 3910 N Stanton St El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) 50 3910 N Stanton St El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instru	ctions)
Contributor address; City; State; Zip Code 5806 Durrill St Santa Teresa, NM 88008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Armando Alvarez Contributor address; City; State; Zip Code 3910 N Stanton St El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) 50 3910 N Stanton St El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution Armando Alvarez Contributor address; City; State; Zip Code 3910 N Stanton St El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution	09/17/2020	Contributor address; City;		25
Armando Alvarez Contributor address; City; State; Zip Code 3910 N Stanton St El Paso, TX 79902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	Principal occup	eation / Job title (See Instructions)	Employer (See Instru	ctions)
O9/17/2020 Contributor address; City; State; Zip Code 50 3910 N Stanton St El Paso, TX 79902 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution	Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution	09/17/2020	Contributor address; City;	, ,	50
Amount of contribution	Principal occup			ctions)
Salvador Nieto	Date		(ID#:)	Amount of contribution (\$)
09/17/2020 Contributor address; City; State; Zip Code PO Box 987353 El Paso, TX 79996	09/17/2020	Contributor address; City;	State; Zip Code	25
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	pation / Job title (See Instructions)	Employer (See Instru	ctions)

MONET	TARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
09/18/2020	Contributor address; City; St 2304 Cumbre Negra St El paso, TX 799	tate; Zip Code	25
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
09/19/2020	Ramon Benavidez Contributor address; City; St 11505 JAMES GRANT DR EL PASO, TX		50
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor)	Amount of contribution (\$)
09/19/2020	Laura Foster Contributor address; City; St 2315 North Octavia Street El Paso, TX 7		25
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor)	Amount of contribution (\$)
09/19/2020		tate; Zip Code	25
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	Carlos Gallinar		3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of contribution (\$)
	Sally Spener		
09/19/2020	6 Contributor address; City; 239 Rainbow Circle El Paso, TX 7991;	State; Zip Code 2	1
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Jacobo Licona		
09/19/2020	Contributor address; City;		25
	520 12th St S, Apt 613 Arlington, VA 2		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
	Robert Marble Contributor address; City;	State; Zip Code	250
09/20/2020	5-I Butterfield Trail Blvd. El Paso, TX 7		250
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
	Kasi Clark		
09/20/2020	Contributor address; City;	State; Zip Code	10
	1916 Happer Street El Paso, TX 7990	3	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	Carlos Gallinar		593 Filer ID (Ethics Commission Filers)
4 Date			7 Amount of contribution (\$)
- Date	5 Full name of contributor □ out-of-state PAC (II Richard Ahn	D#:)	7 Amount of contribution (\$)
09/20/2020	6 Contributor address; City; 3121 Colorado Ave, Unit J Santa Mon	State; Zip Code ica, CA 90404	50
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruc	tions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
09/23/2020	George Algelt Contributor address; City;	State; Zip Code	100
	16 Candlewood Road Laredo, TX 7804	45	
Principal occu _l	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
09/23/2020	Kevin Taggart Contributor address; City;	State; Zip Code	100
	1209 Prospect Street El Paso, TX 799	02	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
09/23/2020	Melissa O'Rourke Contributor address; City;	State; Zip Code	250
	6041 Torrey Pines Dr. El Paso, TX 799	912	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC Diana Llanas	(ID#:)	7 Amount of contribution (\$)
09/23/2020	6 Contributor address; City; 916 Centennial Dr El Paso, TX 79912	State; Zip Code	25
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
09/23/2020	Contributor address; City; 7329 Kiowa Creek Dr El Paso, TX 79	State; Zip Code	100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
09/23/2020	Nestor Valencia Contributor address; City; 2113, West O'HARA Road Anthony,	State; Zip Code	300
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
09/23/2020	Benjamin Saenz Contributor address; City; 1717 N. Stanton Apt. C	State; Zip Code	1000
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC Enrique Chavez	(ID#:)	7 Amount of contribution (\$)
09/24/2020	6 Contributor address; City; 2101 N Stanton El Paso, TX 79902	State; Zip Code	200
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor uut-of-state PAC	(ID#:)	Amount of contribution (\$)
09/24/2020	Isabel Vasquez Contributor address; City; 6564 Julianna Lane EL PASO, TX 79	State; Zip Code	100
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
09/24/2020	Ian Winick Contributor address; City;	State; Zip Code	25
	1414 17th Street NW, Apt. 305 Wash		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor uut-of-state PAC	(ID#:)	Amount of contribution (\$)
09/24/2020	Chrystian Woods Contributor address; City; 3030 Stonebrook Cv Austell, GA 301	State; Zip Code	50
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics Commission Filers
4 Date	ate 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of contribution (\$)
09/24/2020	Erin Snow 6 Contributor address; City; 1608 E 25th Ave Denver, CO 80205	State; Zip Code	25
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
09/24/2020	Gabriel Gonzalez Contributor address; City;		50
	7427 Mule Team Drive El Paso, TX 79		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
09/24/2020	David Mills Contributor address; City;	State; Zip Code	25
	2500 Scenic Crest Circle, El Paso, TX	79930	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
09/24/2020	Charles Espino Contributor address; City;		25
	1156 First Street NW Washington D.C	., DC 20001	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)

MONET	ARY POLITICAL CONTRIB	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1:
2 FILER NAME Mr. Rodolfo (Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date 09/24/2020	5 Full name of contributor ☐ out-of-state PAC (III Michelle Esparza 6 Contributor address; City;		7 Amount of contribution (\$) 50
<u> </u>	4901 N Mesa St, 4206 El Paso, TX 79		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sche	dule A2:
2 FILER NAMI	∈ o Carlos Gallinar		3 Filer ID (Ethics C	Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$7271	
5 Date 6 Full name of contributor □ out-of-state PAC (ID#:) Patrick Gabaldon 7 Contributor address; City; State; Zip Code 500 West University, El Paso, TX		8 Amount of Contribution \$ 300 Check if travel out	9 In-kind contribution description Artwork design side of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDIC	CIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spo	use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 07/06/2020		Amount of Contribution \$ In-kind contribution description Photography 250		description
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe		side of Texas. Complete Schedule T. CIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR J	UDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spo	use (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL CODIES OF T	THE SCHEDI	II E AG NEEDED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME Mr. Rodolfo	≡ Carlos Gallinar		3 Filer ID (Ethics C	commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$7271	
	Noemi Tovar 7 Contributor address; City; State; Zip Code 1108 Upson, El Paso, TX 79902			9 In-kind contribution description Printing side of Texas. Complete Schedule T.
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spo	use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 08/05/2020		Contribution \$ description Videography ate; Zip Code 5200		
Principal occ	5806 Durrill St Santa Teresa, NM 88008 upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	<u> </u>	side of Texas. Complete Schedule T.
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR J	UDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spo	use (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACILA DDITIONAL CODICO CE A		U E A C NEEDES	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEDO	SED CONTRIBUTIONS			SCHEDULE B
The	e Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:
² FILER NAME Mr. Rodolfo	Carlos Gallinar		3 Filer ID (Ethics C	commission Filers)
4 TOTAL OF	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; Sta	ate; Zip Code		•
			Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		· ·
			Check if travel outsi	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		•
			Check if travel outsi	ide of Texas. Complete Schedule T.
Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	; Zip Code		· · · · · · · · · · · · · · · · · · ·
			Check if travel outsi	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	

LOANS			SCHEDULE E
The	e Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr. Rodolfo Ca	arlos Gallinar		
1 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
I2 Principal occupat	tion / Job title (See Instructions)	13 Employer (See Instructions)	
none	llateral	Check if personal fund account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	ation (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupat	tion / Job title (See Instructions)	Employer (See Instructions)	
Description of Co	llateral	Check if personal fund account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	Э		
Principal Occupa	ttion (See Instructions)	Employer (See Instructions)	
If	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 9 Mr. Rodolfo Carlos Gallinar 4 Date 5 Payee name 07/03/2020 ActBlue 6 Amount (\$) 7 Payee address; Zip Code City; State; 281.71 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Fundraising Fees Fundraising Fees **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 07/07/2020 **US Postal Service** State: Zip Code Amount (\$) City; Payee address; 277 Category (See Categories listed at the top of this schedule) Description Office supplies Stamps **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 07/09/2020 ActBlue Amount (\$) Payee address; City; State: Zip Code 474.17 Category (See Categories listed at the top of this schedule) Description Fundraising fees Fundraising fees **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District
Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
9	Mr. Rodolfo Carlos Gallinar				
4 Date	5 Payee name				
07/14/2020	US Postal Service				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
255					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Office supplies	Stamps			
OF EXPENDITURE					
	(a)		TV # 11 11 11 1		
	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
07/01/2020	Stephanie Acosta				
Amount (\$)	Payee address;	City;	State; Zip Code		
2000	1401 N. Campbell, El Paso, 79902				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Salaries	Campaign stat	TT .		
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
07/01/2020	Hello Amigo				
Amount (\$)	Payee address;	City;	State; Zip Code		
1000	1002 Arizona, Suite 2 El Paso, TX 79902				
	Category (See Categories listed at the top of this schedule) Digital Advertising	Description Digital Advertis	sina		
PURPOSE OF	Digital / avolusing	Digital Advertis	on ig		
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	-DFD		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The Instruction Guide explains how to complete this form

	The matruction during explains now to t	, o p. o	Г	
1 Total pages Schedule F1:			3 Filer ID (Ethic	s Commission Filers)
9	Mr. Rodolfo Carlos Gallinar			
4 Date	5 Payee name			
07/09/2020	Juan Josue Martinez			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Salaries	Campaign Sta	ıff	
OF EXPENDITURE				
EXPENDITORE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/10/2020	Michael Apodaca			
Amount (\$)	Payee address;	City;	State;	Zip Code
250	3323 Sacramento, El Paso, TX 7993	0		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries	Description Campaign staff		
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/31/2020	Hello Amigo			
Amount (\$)	Payee address;	City;	State;	Zip Code
1082.5	1002 Arizona, Suite 2 El Paso, TX 79	9902		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Digital Advertising	Description Digital Advertis	sing	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Other (enter a category not listed above)

	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Mr. Rodolfo Carlos Gallinar		3 Filer ID (Ethics Commission F	-ilers)
4 Date	5 Payee name			
08/01/2020	Stephanie Acosta			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
2500	1401 N. Campbell, El Paso, Tx 7990	2		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries	(b) Description Campaign state	ff	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
08/02/2020	Michael Apodaca			
Amount (\$)	Payee address;	City;	State; Zip Code	
2000	3323 Sacramento, El Paso, TX 7993	0		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries	Description Campaign staff		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
08/01/2020	Michael Herzberg			
Amount (\$)	Payee address;	City;	State; Zip Code	
1500				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries	Description Campaign staf	ff	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	_
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

ting Expense Travel Out Of District aries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	·	3 Filer ID (Ethics Commission Filers)
9	Mr. Rodolfo Carlos Gallinar		
4 Date	5 Payee name		
08/03/2020	Vistago Print		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2010 F			
3910.5			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising	Yard Signs	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/05/2020	ActBlue		
Amount (\$)	Payee address;	City;	State; Zip Code
89.06			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Fundraising fees	Fundraising fe	es
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF			
Date	Payee name		
08/05/2020	ActBlue		
Amount (\$)	Payee address;	City;	State; Zip Code
225			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Fundraising fees	Fundraising fe	es
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 9 Mr. Rodolfo Carlos Gallinar 4 Date 5 Payee name 08/11/2020 ActBlue 6 Amount (\$) 7 Payee address; Zip Code City; State; 40.85 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Fundraising fees Fundraising fees **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 08/19/2020 City of El Paso Amount (\$) State: Zip Code City; Payee address; 500 Description Category (See Categories listed at the top of this schedule) Candidate filing fee Other **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date **US Postal Service** 08/20/2020 Amount (\$) Payee address; City; State: Zip Code 310 Category (See Categories listed at the top of this schedule) Description Office supplies Stamps **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

ries/Wages/Contract Labor Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

		somplete tills form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
9	Mr. Rodolfo Carlos Gallinar		
4 Date	5 Payee name		
08/27/2020	US Postal Service		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
117.75			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Office supplies	Stamps	
OF			
EXPENDITURE		<u> </u>	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/03/2020	ActBlue		
Amount (\$)	Payee address;	City;	State; Zip Code
120.6			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Fundraising fees	Fundraising fe	ees
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/03/2020	Rulis International Kitchen		
Amount (\$)	Payee address;	City;	State; Zip Code
580.22	4176 N. Mesa, El Paso, TX 79902		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Event Expense	Food	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E V S NEE	-DED
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District
Travel Out Of District

Other (enter a category not listed above)

Oreal Card Fayment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Mr. Rodolfo Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
09/03/2020	Juan Josue Martinez		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1000			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Salaries	Campaign staf	ff
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/07/2020	Michael Apodaca		
Amount (\$)	Payee address;	City;	State; Zip Code
1500			
	Category (See Categories listed at the top of this schedule)	Description	•
PURPOSE OF	Salaries	Campaign staf	T .
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/07/2020	Stephanie Acosta		
Amount (\$)	Payee address;	City;	State; Zip Code
2500	1401 N. Campbell, El Paso TX 79902	2	
	Category (See Categories listed at the top of this schedule) Salaries	Description Compaign stof	
PURPOSE OF	Salaties	Campaign staf	I
EXPENDITURE	<u></u>		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIII E AS NEE	:DED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

,	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
9 4 Date	Mr. Rodolfo Carlos Gallinar		
09/17/2020	Zapa Graphics		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
σ / πιοαπτ (ψ)	r ayee address,	Oity,	State, Zip Gode
585.41			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising	Yard signs	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	1		
Date	Payee name		
09/17/2020	Hello Amigo		
Amount (\$)	Payee address;	City;	State; Zip Code
1353.13	1002 Arizona, Suite 2, El Paso, TX 7	9902	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Digital Advertising	Digital Adverti	sing
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	1		
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
γο (φ)	r dyoo dddioos,	Oity,	State, Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
LAFENDITORE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

	Contributions/Donations Made By Candidate/Officeholder/Politica		mittee	Gift/Awards/Men Legal Services		-	Printing Exp Salaries/Wa	ense	ntract Labor	Travel	Out Of District enter a catego		listed above)	
				The Instructi	on Guide expl	ains	how to co	mplete	this form.					
1	Total pages Schedule F2:			R NAME dolfo Carlos	Gallinar					3 Filer	ID (Ethics	Comn	nission Filers)	
							. —							_
4	TOTAL OF UNITEM	11ZE	ט ט:	NPAID INCU	RRED OB	LIGA	AHONS	S		\$				
5	Date	6	Paye	e name										
7	Amount (\$)	8	Paye	e address;					City;		State;		Zip Code	
9	TYPE OF			Political			Non-Poli	tical						
	EXPENDITURE		Ш	FUIILICAI			NOH-FUII	licai						
10)	(a)	Categ	ory (See Categories	listed at the top of	this sc	hedule)	(b) De	escription					
	PURPOSE													
	OF EXPENDITURE													
		(c)		Check if travel outsid	le of Texas. Comple	te Sche	edule T.		Check if Au	stin, TX, offi	ceholder living	g expe	nse	
11	Complete ONLY if direct		Ca	andidate / Officeh	nolder name		Of	fice so	ught		Office h	neld		_
	expenditure to benefit C/OF	1												
	Date		Paye	e name										_
	Amount (\$)		Paye	e address;					City;		State;		Zip Code	_
	TYPE OF													-
	EXPENDITURE			Political			Non-Pol	itical						
			Categ	ory (See Categories	listed at the top of	this sc	hedule)		Description					
	PURPOSE													
	OF EXPENDITURE													
			Г	Check if travel outs	ide of Texas. Comp	lete Sch	nedule T.	Г	Check if A	ustin. TX. of	fficeholder livir	na exp	ense	_
	Complete ONLY if direct		Ca	andidate / Officel	·			ffice so			Office h	-		_
	expenditure to benefit C/OF	1							-9					
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			~: I/	.S.I. ADDITION	551 120	J		J. 12D	AO 14L					

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Tł	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME Mr. Rodolfo	Carlos Gallinar	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
·		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District Other (enter a category not listed above)

rne	instruction	Guide	explains	now	το	complete	tnis	torm.

1 Total pages Schedule F4:	Mr. Rodolfo Carlos Gallinar	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address; City;	State; Zip Code				
9 TYPE OF EXPENDITURE	Political Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Au	stin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held				
Date	Payee name					
Amount (\$)	Payee address; City;	State; Zip Code				
TYPE OF EXPENDITURE	Political Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description					
	Check if travel outside of Texas. Complete Schedule T. Check if At	ustin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held				
_						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME Mr. Rodolfo Carlos Gallinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin	, TX, officeholder living expense Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule H:	2 FILER NAME	o complete tina form.	3 Filer ID (Ethics	Commission Filers)
0	Mr. Rodolfo Carlos Gallinar		J THE ID (Ethics	00111111331011 1 11013)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought		Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
EXI ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living e	kpense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
			DED	Office

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME Mr. Rodolfo Carlos Gallinar		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regar	rding type of	information

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:		
2 FILER NAME Mr. Rodolfo (Carlos Gallinar	3 Filer ID (Ethic	s Commission Filers)		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)		
	6 Address of person from whom amount is received; City; Star	te; Zip Code			
	7 Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta				
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Purpose for which amount is received Check if	political contribution	returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instructio	1 Total pages Schedule T:			
² FILER NAME Mr. Rodolfo Carlos 0	allinar	3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corp	oration or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure	reported on:			
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS		
6 Dates of travel 7	Name of person(s) traveling			
8	Departure city or name of departure location			
9	Destination city or name of destination location			
10 Means of transportation	11 Purpose of travel (including name of conference,	seminar, or other event)		
Name of Contributor / Cor	oration or Labor Organization / Pledgor / Payee			
Contribution / Expenditure	reported on:			
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of person(s) traveling			
	Departure city or name of departure location			
	Destination city or name of destination location			
Means of transportation	Purpose of travel (including name of conference,	seminar, or other event)		
Name of Contributor / Cor	oration or Labor Organization / Pledgor / Payee			
Contribution / Expenditure	reported on:			
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of person(s) traveling			
	Departure city or name of departure location			
	Destination city or name of destination location			
Means of transportation	Purpose of travel (including name of conference,	seminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. ■ Complete only if "Report Type" on page 1 is marked "Final Report" ■				
	C/OH N	AME	2 Filer ID (Ethics Commission Filers)	
Ν	Mr. Rodolfo Carlos Gallinar			
3	SIGNA	SIGNATURE		
	ing a re	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.		
		Signature of Candidate / Officeholder		
ŀ	FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below only if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS		
	Check only one:			
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.		
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.		
	B. ASSETS			
	Check only one:			
		I do not retain assets purchased with political contributions or interest or other income from political contributions.		
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.			
		Signature of Candidate		
•	OFFICEHOLDER Complete this section only if you are an officeholder I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.			
		Si	anature of Officeholder	